

Effective October 1, 2003

1012.5 L 01

[illegible]

* If the difference in column 1 is less than zero, enter "0" in column 2

(Column 1)	(Column 2)	(Column 3)
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1. *Chlorophyll a* (mg/g dry weight) = $\frac{1000 \times \text{Absorbance at } 663 \text{ nm}}{230}$

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14:

sn

FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

(Column 1)	(Column 2)	(Column 3)
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eda

ESSE

M

37

1. *Journal of the American Medical Association*, 2000; 284: 2689-2694.

Column 1	Column 2	Column 3
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ESSE

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37

If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 20, enter 20.
*** If the "Highest Number Previously Paid For" in THIS SPACE is less than 3, enter 3.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

ADDITIONAL FEE	RATE	X\$ 9 =	X43 =	+145 =	TOTAL ADDITIONAL FEE

ADDITIONAL FEE	RATE
	\$9 =
	X43 =
	+145 =
	TOTAL
	ADDITIONAL FEE

ADDITIONAL FEE	RATE				
		X\$18=			
		X86=			
		+290=			
		TOTAL	ADDITIONAL FEE		

ADDITIONAL FEE	RATE
X\$18=	
X86=	
+290=	
TOTAL	ADDITIONAL FEE

RATE	FEE	OR	RATE	FEE
BASIC FEE	770.00		BASIC FEE	385.00
XS 9=			XS 9=	
X43=			X43=	
+145=			+145=	
TOTAL		OR	TOTAL	

SMALL ENTITY ☐ OR SMALL ENTITY OTHER THAN